

## ICMJE DISCLOSURE FORM

Date: 2022.11.16 \_\_\_\_\_

Your Name: Olga Truba \_\_\_\_\_

Manuscript Title: Diagnostic yield of chest radiograph in management of adults with difficult-to-treat chronic cough – retrospective study.

Manuscript number (if known): JTD-22-111-R4

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> <b>None</b>	
6	Payment for expert testimony	<u>    </u> <b>None</b>	
7	Support for attending meetings and/or travel	<u>    </u> <b>None</b>	
8	Patents planned, issued or pending	<u>    </u> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> <b>None</b>	
11	Stock or stock options	<u>    </u> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> <b>None</b>	
13	Other financial or non-financial interests	<u>    </u> <b>None</b>	

**Please summarize the above conflict of interest in the following box:**

I declare no conflict of interest.
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**Please place an "X" next to the following statement to indicate your agreement:**

**X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: 2022.11.16 \_\_\_\_\_

Your Name: Marta Dąbrowska

Manuscript Title: Diagnostic yield of chest radiograph in management of adults with difficult-to-treat chronic cough – retrospective study.

Manuscript number (if known): JTD-22-111-R4

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
		Fee for consultations	I have received fees from Merck for consultations on

			chronic cough, outside of submitted work.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> <b>None</b>	
		Fee for lectures	I have received fees from Merck for lectures on chronic cough, outside the submitted work.
6	Payment for expert testimony	<u>    </u> <b>None</b>	
7	Support for attending meetings and/or travel	<u>    </u> <b>None</b>	
8	Patents planned, issued or pending	<u>    </u> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> <b>None</b>	
11	Stock or stock options	<u>    </u> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> <b>None</b>	
13	Other financial or non-financial interests	<u>    </u> <b>None</b>	

**Please summarize the above conflict of interest in the following box:**

I declare that I have received fees from Merck for consultations and lectures, outside the submitted work.

**Please place an "X" next to the following statement to indicate your agreement:**

**X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: 2022.11.16 \_\_\_\_\_

Your Name: Elżbieta Magdalena Grabczak

Manuscript Title: Diagnostic yield of chest radiograph in management of adults with difficult-to-treat chronic cough – retrospective study.

Manuscript number (if known): JTD-22-111-R4

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> <b>None</b>	
		Payment for lecture by Merck	I have received fees from Merck, outside the submitted work.
		Payment for lecture by Polpharma	I have received fees from Polpharma, outside the submitted work.
6	Payment for expert testimony	<u>    </u> <b>None</b>	
7	Support for attending meetings and/or travel	<u>    </u> <b>None</b>	
8	Patents planned, issued or pending	<u>    </u> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> <b>None</b>	
11	Stock or stock options	<u>    </u> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> <b>None</b>	
13	Other financial or non-financial interests	<u>    </u> <b>None</b>	

**Please summarize the above conflict of interest in the following box:**

My conflict of interest is payment for lectures about chronic cough by Merck and Polpharma, outside the submitted work.

**Please place an "X" next to the following statement to indicate your agreement:**

**X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: 2022.11.16 \_\_\_\_\_

Your Name: Katarzyna Białek-Gosk \_\_\_\_\_

Manuscript Title: Diagnostic yield of chest radiograph in management of adults with difficult-to-treat chronic cough – retrospective study.

Manuscript number (if known): JTD-22-111-R4

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> <b>None</b>	
6	Payment for expert testimony	<u>    </u> <b>None</b>	
7	Support for attending meetings and/or travel	<u>    </u> <b>None</b>	
8	Patents planned, issued or pending	<u>    </u> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> <b>None</b>	
11	Stock or stock options	<u>    </u> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> <b>None</b>	
13	Other financial or non-financial interests	<u>    </u> <b>None</b>	

**Please summarize the above conflict of interest in the following box:**

I do not declare a conflict of interest.

**Please place an "X" next to the following statement to indicate your agreement:**

**X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**



## ICMJE DISCLOSURE FORM

Date: 2022.11.16 \_\_\_\_\_

Your Name: Aleksandra Rybka-Fraczek

Manuscript Title: Diagnostic yield of chest radiograph in management of adults with difficult-to-treat chronic cough – retrospective study.

Manuscript number (if known): JTD-22-111-R4

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

The author’s relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Polpharma	conference fee payment (ERS 2019)
6	Payment for expert testimony	<u>None</u>	
7	Support for attending meetings and/or travel	<u>None</u>	
8	Patents planned, issued or pending	<u>None</u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>None</u>	
11	Stock or stock options	<u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>None</u>	
13	Other financial or non-financial interests	<u>None</u>	

Please summarize the above conflict of interest in the following box:

Dr Rybka-Fraczek reports personal fees from Polpharma, outside the submitted work.

Please place an "X" next to the following statement to indicate your agreement:

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 2022.11.16 \_\_\_\_\_

Your Name: Karolina Klimowicz \_\_\_\_\_

Manuscript Title: Diagnostic yield of chest radiograph in management of adults with difficult-to-treat chronic cough – retrospective study.

Manuscript number (if known): JTD-22-111-R4

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> None	
6	Payment for expert testimony	<u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> None	
8	Patents planned, issued or pending	<u>  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  </u> None	
11	Stock or stock options	<u>  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> None	

**Please summarize the above conflict of interest in the following box:**

None
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**Please place an "X" next to the following statement to indicate your agreement:**

**X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: 2022.11.21 \_\_\_\_\_

Your Name: Małgorzata Żukowska \_\_\_\_\_

Manuscript Title: Diagnostic yield of chest radiograph in management of adults with difficult-to-treat chronic cough – retrospective study.

Manuscript number (if known): JTD-22-111-R4

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> <b>None</b>	
6	Payment for expert testimony	<u>    </u> <b>None</b>	
7	Support for attending meetings and/or travel	<u>    </u> <b>None</b>	
8	Patents planned, issued or pending	<u>    </u> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> <b>None</b>	
11	Stock or stock options	<u>    </u> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> <b>None</b>	
13	Other financial or non-financial interests	<u>    </u> <b>None</b>	

**Please summarize the above conflict of interest in the following box:**

I declare that I do not have any conflict of interest.

**Please place an "X" next to the following statement to indicate your agreement:**

**X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJJE DISCLOSURE FORM

Date: November, 15<sup>th</sup>, 2022

Your Name: Rafal Krenke

Manuscript Title: Diagnostic yield of chest radiograph in management of adults with difficult-to-treat chronic cough – retrospective study.

Manuscript number (if known): JTD-22-111-R4

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Science Centre, Poland	Research grant for institution
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chiesi	
		AstraZeneca	
		Polpharma	
		MSD	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Boehringer Ingelheim	
		Chiesi	
		AstraZeneca	
		MSD	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	MSD	
		AstraZeneca	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

**Please summarize the above conflict of interest in the following box:**

Rafal Krenke reports research grant from the National Science Centre, Poland, honoraria for lectures from Chiesi, AstraZeneca, Polpharma and MSD, fees for Advisory Board participation from MSD and AstraZeneca; all the above outside the submitted work. Boehringer Ingelheim, Chiesi, AstraZeneca and MSD have covered his fee and travel expenses for international conferences, outside the submitted work.

**Please place an "X" next to the following statement to indicate your agreement:**

**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**